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529.45479X00

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ANTONELLI, TERRY STOUT & KRAUS, LLP 1300 NORTH SEVENTEENTH STREET **SUITE 1800** 

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(Depositor's name) (Signature) (Date)

FILING DATE APPLICATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. | CONFIRMATION NO. Shiqeyuki Ikeda 529 45479X00 TITLE OF INVENTION: X-RAY IMAGE DIAGNOSTIC APPARATUS

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE (S) DUE	DATE DUE
Nonprovisional	NO	\$ <del>1400</del> 1440	\$300	\$0	\$ <del>1700</del> 1740	10/09/2007
	EXAMINER		ART UNIT	CLASS-SUBCLASS		
	YUN, JURIE		2882	378-098120		
1. Change of correspondence address or indication of "Fee Address: (3" CFR 1.943).    Change of correspondence address (or Change of Correspondence Address from PTOSB*122, attached.   agents OR, alternatively,   Fee Address* indication from PTOSB*247, Rev 03-02 or more recent) attached. Use of Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 ANTONELLI, TERRY, STOUT & KRAUS, LLP. (2) the name of single firm (having as a member a registered attorney or agent) and the stopping of the printing o		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

HITACHI MEDICAL CORPORATION TOKYO, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government

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5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature \_\_\_\_\_/Melvin Kraus/ Date: OCTOBER 3, 2007 Typed or printed name Melvin Kraus Registration No. 22,466

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